

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM

(Rev. 02/95)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 1698
Indexed _____
Audited _____
Computer _____
Certified Date of Dissolution _____

COMMITTEE NAME

Official Name of Committee	
<u>Committee to Elect Kate Logan</u>	
Street	
<u>305 W 5th St. P.O. Box 214</u>	
City, State, Zip Code	
<u>Storm Lake, Ia 50588</u>	
Area Code	Telephone
	<u>(712) 790-0688</u>

Effective date of dissolution:

June 23 2009

Mary Wentland
Signature of Treasurer

June 23, 2009
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Signature of Candidate - Required for Candidate's Committee

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.